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Message from the President

Mariea Snell, DNP, MSN, RN, FNP-BC

In my first newsletter article as President of the Missouri State Board of Nursing, I encouraged readers to send comments. We received a suggestion from one reader that we ask nurses who have achieved 50 years of licensure to share their nursing career story. As a result of this excellent suggestion, we will include that request in our letter to the recipient moving forward. We hope to receive stories of good times and bad but most of all true to life stories of nursing. Sharing this wisdom with new and seasoned nurses provides a wonderful opportunity to help us all grow in the profession and maybe even renew our passion for what we do best, caring for our patients. I look forward to hearing the stories of these highly respected nurses.

In my years of nursing I have been taken in a professional direction that I would not have expected. Through my work as a nurse practitioner and educator I am required to hold multiple state licenses. If any of you have had to do this you know that meeting the requirements for multiple states is very complex. Whether you are like me and hold licenses in multiple states or hold one license, you have a free system at your fingertips to help you keep up to date with your license.

In just a few minutes, nurses can self-enroll into Nursys e-Notify for free and take advantage of a quick and convenient way to keep up-to-date with their professional licenses. You can receive licensure status updates, track

license verifications for endorsement and create and manage multiple license expiration reminders. Keeping on top of license status can help nurses prevent fraudulent licenses or certificates being issued in their name.

If you only have one license, you may question why you need to do this. We have had cases come before the board where a nurse unknowingly practiced while his/her license was expired. This system will notify you before your license expires and when it expires. It is also possible that your license could be suspended for failure to comply with the tax law. You would receive a notification any time any discipline is attached to your license. Missouri is a member of the nurse licensure compact. Your multi-state license is tied to your primary state of residence. A change to your primary state of residence could change your multi-state license status. This system will notify you if that status changes. When you apply to renew your license or submit your license renewal online, your license is not automatically renewed. If you enroll in this system, you will be notified when your license is renewed. Those are just a few examples of how enrolling yourself in this system will protect the license you have worked so hard to obtain. This system pushes notification of changes to you rather than you having to continually re-query the system.

Creating an account is quick and easy. Enroll at www.nursys.com/e-notify and select "As a Nurse" to complete the registration process. Learn more about Nursys e-Notify by viewing an introductory video or visiting the Nursys website. For questions, contact nursysenotify@ncsbn.org.

Executive Director Report

Lori Scheidt, Executive Director

Registered Nurses Set to Renew in February 2017 – Act Now!

Registered Nurse (RN) renewal postcards with PIN numbers will be mailed to your address in early February 2017. You can renew online through April 21, 2017. The online renewal system will be down for scheduled maintenance from 5:00 p.m. February 17, 2017 through February 20, 2017. The postcard is mailed to the address we have in our records, so it is very important that you inform our office in writing whenever you change addresses. A change form can be found on the board's website and also in this publication. Many don't realize but you have a legal responsibility to change your name and/or address within 30 days of the change. Failure to inform the board of your current residence is cause for license discipline.

Before you renew, you need to go to www.nursys.com and enroll yourself as a nurse in e-Notify. The President's article, in this edition of the newsletter, explains the benefits of enrolling in this system. If you enroll now, you will decrease the amount of time it will take you to renew your license. When you submit a license renewal, your license is not automatically renewed. It takes 3-5 business days for your license renewal to be processed. If you are enrolled in Nursys e-Notify as a nurse, you will receive a notification when your license is renewed.

Nurse Licensure Compact Questions

We had the pleasure of exhibiting at the National Student Nurses Association conference in Kansas City. It was a pleasure to meet nursing students from throughout the country and answer questions about the board and licensure.

One eye-opener was a misunderstanding about the nurse licensure compact. We heard many say they were going to get a license in Missouri so they could have a compact license. What many misunderstood is the nurse has to have a primary residence in a compact state to obtain a multi-state license. Another misunderstanding we heard was that if a nurse moved between compact states, they would not need to do anything. This is incorrect. The nurse licensure compact is based on the driver's license model. If you move to another compact state, you need to obtain a license in that state.

You can find resources about the nurse licensure compact at <https://www.ncsbn.org/compacts.htm> including the frequently asked questions that have been reprinted here.

I live in a noncompact state. How do I get a compact multistate license?

Only nurses who declare a compact state as their primary state of residence are eligible for a multistate license. As a resident of a noncompact state, you may apply for a license in a compact state, although your eligibility will be limited to a single state license that is valid in that state only.

Executive Director continued on page 3

SCHEDULE OF BOARD MEETING DATES THROUGH 2017

March 22-24, 2017

May 23-24, 2017

August 9-11, 2017

November 7-9, 2017

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>

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Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (MoSALPN)	573-636-5659
Missouri Nurses Association (MONA)	573-636-4623
Missouri League for Nursing (MLN)	573-635-5355
Missouri Hospital Association (MHA)	573-893-3700

Number of Nurses Currently Licensed in the State of Missouri

As of January 3, 2017

Profession	Number
Licensed Practical Nurse	23,560
Registered Professional Nurse	107,812
Total	131,372



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www.umsu.edu/divisions/nursing/employment.html

Executive Director Report

Executive Director continued from page 1

Where is the compact application and what is the application fee?

There is no separate compact application. Use the state board of nursing application for licensure by exam or by endorsement, as found on your board of nursing's website. Licensure fees vary by state.

I live in a compact state and have a license. How do I get a compact license?

If you declare a compact state as your primary state of residence, your license automatically becomes a compact (multistate) license, as long as it is in good standing. If you're unsure of your licensure status, use the QuickConfirm tool at www.nursys.com. This report will indicate "multistate" or "single state" in the status column. If you are registered as a nurse in e-Notify at www.nursys.com, you will receive a notification if your multistate license status changes.

I have a compact license. How long can I work in another compact state?

There is no time limit. As long as your home state is a compact state and is declared as your primary state of residency, and you remain in good standing, you may practice in other compact states.

What if I move to another compact state?

When permanently relocating to another compact state, apply for licensure by endorsement and complete the Declaration of Primary State of Residence for the new home state, which can be found on your board of nursing's website. The declaration form is generally a page within the application. Notify the former compact board of nursing that you are no longer a resident. You can practice on your former license for a period of up to 90 days. The 90-day period starts when you become a resident in the new state.

Please note: States are in the process of amending rules regarding the period of time a nurse can practice on the license issued by a former state of residence. The number of days is based on the rule in effect in the new state. It's recommended to start the application process prior to the move. Visit www.ncsbn.org/nlc to confirm your state's current status.

My primary state of residence is a noncompact state; it is also where I am licensed. I am applying for licensure in a compact state. Do I have to give up my current license?

No, you may maintain your current license. Residents of noncompact states are not bound by compact rules, which permit a licensee to hold only one compact multistate license in the primary state of residence.

I live in a compact state where I am licensed. How do I get a license in a noncompact state?

Apply for licensure by endorsement to the board of nursing in the state where you seek a license. Applications can be found on that board of nursing's website.

I am graduating from a nursing program. Can I take the NCLEX® in a different state?

The NCLEX® can be taken in any state convenient to you. The results will be directed to the board of nursing where you applied for your authorization to test (ATT) and licensure. You should apply for a license in the state where you intend to legally reside and/or practice.

I live in a noncompact state, but I will be changing my primary state of residence to a compact state in a few months for a job. Can I apply for a license in that state now so I can work immediately after moving?

Yes. It's recommended you start the application process prior to the move. A new compact license will not be issued until you provide a Declaration of Primary State of Residence form and any proof of residence that may be required by the board of nursing. Some states offer a temporary license; this may enable you to practice while your application is being processed.

I live in a noncompact state, but own property in a compact state. Can I get a compact license?

In order to be eligible for a compact license, your declared primary state of residence must be a compact state. Owning property in a compact state is not sufficient to meet residence requirements. Proof of residence includes obtaining a driver's license, voting/registering to vote or filing federal taxes with an address in that state.

I have a compact license and have accepted a temporary assignment in another compact state. My employer is telling me that I need to get that state's license. Is this true?

When hired in a remote state for a temporary position or commuting to a remote state from the primary state of residence (usually an adjacent state), employers cannot require you to apply for licensure in the remote state when you have lawfully declared another state as your primary state of residence. Primary state of residence is based on where you pay federal income tax, vote and/or hold a driver's license. The remote board of nursing cannot issue a license to a nurse who has declared another compact state as the primary state of residence, since the compact license from the home state applies to both states and having multiple compact licenses is therefore redundant. You have the privilege to practice in any remote compact state with your home state compact license.

A legal memo on this topic is available at https://www.ncsbn.org/NLCA_Legal_Memo2Employers.pdf and provides additional information for employers.

Legislative Session

The 2017 legislative session starts January 4, 2017 and will go through May 12, 2017. Legislators began pre-filing bills on December 1, 2016.

Legislation impacts nursing careers, shapes health care policy and influences the care delivered to patients. Your education, expertise, and well-earned public respect as a nurse can allow you to exert considerable influence on health care policy. Nurses have been somewhat reluctant to do this in the past but you are in an excellent position to advocate for patients. Never underestimate the importance of what you have to say. As a professional, you bring a unique perspective to health care issues and often have intricate knowledge that helps provide insight for our legislators.

You should make your thoughts known to your legislative representatives. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, your area of expertise and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at <http://moga.mo.gov/>



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Education Report

The Jefferson College Model – An Opportunity Not A Promise

Bibi Schultz, RN MSN CNE
– Director of Education

Missouri State Board of Nursing Education Committee Members:

- Roxanne McDaniel, RN, PhD (Chair)
- Marica Snell, DNP, MSN, BSN, RN, FNP-BC
- Anne Heyen, DNP, RN, CNE

Despite the fact that much is written and it is generally understood how intricately quality and rigor impact nursing education, we continue to hear about issues that may jeopardize educational integrity of academic programs in many settings and across professions. Regulatory responsiveness is a huge factor in public safety and protection. As the media continues to portray many factors that may have contributed to the sudden closure of ITT Technical Institute campuses across the country, it is important to consider how students enrolled in such schools have been impacted as they face their inability to complete desired academic paths and potentially attain licensure in their fields. Aside from major financial burdens, such students struggle to find educational opportunities to help them reach their goals. Nursing students are no different.

Review of Missouri State Board of Nursing (Board) pre-licensure nursing education program approval processes indicates that ITT Technical Institute – Earth City began to petition the Board for approval to establish an associate degree in nursing program in 2008. The proposal met rule requirements in place at that time and the Board granted approval. The nursing program at the ITT Technical Institute – Earth City campus started in 2010. Board records further indicate that proposal processes by ITT Technical Institute to establish a second pre-licensure associate degree in nursing program in Springfield, MO began in 2010. Proposals for the potential program in Springfield came before the Board three (3) different times, did not meet rule requirements and were therefore never approved.

The ITT Technical Institute – Earth City nursing program started out strong, but soon program issues began to majorly impact program outcomes. After multiple site visits and ample opportunity for the program to address issues of which many had been repeatedly identified and pointed out to school and program administrators and faculty, several plans of correction and presentations by program administrators to the Board, the Board initiated proceedings to withdraw nursing program approval in 2015. A comprehensive teach-out plan was accepted by the Board in 2015. During proceedings to withdraw program approval and negotiation of the plan of program closure, the nursing program continued to admit students, which delayed the final closure date of the program to December 2017. Admissions to the program were halted in 2015. At the time of abrupt closure of all ITT Technical Institute campus sites across the country on September 6th, 2016, the Earth City nursing program had a total of 51 nursing students still enrolled.

While displaced ITT Technical Institute nursing students all over the country continued to struggle to figure out options, the Missouri State Board of Nursing

reached out to several pre-licensure nursing programs located within reasonable travel distance to the now closed school. While several colleges offered various options for acceptance of selected general education credits by transfer, options to achieve some credit for completed nursing course work were slim. Jefferson College in Hillsboro, Missouri quickly indicated high level of interest and dedication to assist displaced ITT Technical Institute students in general and had already checked into options to transfer in/accept credits through utilization of a rather robust system to award Credit for Prior Learning (CPL) that was already in place at Jefferson College. To collaborate and develop paths for displaced nursing students came as a natural progression to Jefferson College's administrative direction to explore options.

Jefferson College's Board of Trustees, Career & Technical Education and Science Department administrators, deans and representatives of student services quickly came together and developed a plan. Jefferson College's dedication to assist students while upholding standards of quality is to be commended. CLEP and Credit for Prior Learning (CPL) test-out options for general education as well as nursing course work were determined. To further support efforts, the Jefferson College Foundation set aside funds to help offset the cost of CLEP testing for students. Jefferson College Board of Trustees then waived internal testing and posting fees for CPL testing. Career & Technical Education staff worked closely with enrollment services and MoSTEMWINS teams to provide individual advisement for each student and to design individual pathways for students to complete preparation to enter and complete required nursing course work. All this work was completed in record time. The extraordinary level of dedication of Jefferson College administrators and faculty to assist displaced students was and continues to be reflected.

Jefferson College nurse educators in collaboration with administrators worked diligently to design proposed teach-out plans for displaced ITT Technical Institute nursing students. In order for students to earn Credit for Prior Learning (CPL) for science and nursing course work extensive processes to verify knowledge and skills were put in place. Responsibility to ensure that students are academically prepared to meet the challenges of senior level nursing course work was at the forefront of decision making. Remediation support was put in place to assist students with preparation for CLEP and CPL testing. A crosswalk of Jefferson College nursing courses and courses required at ITT Technical Institute was utilized to determine which test-outs, courses, lab and clinical experiences students would have to complete and pass at Jefferson College in order to progress. The initial teach-out plan, presented to the full Missouri State Board of Nursing during a special meeting on September 22nd, 2016, addressed options for displaced ITT Technical Institute nursing students that had been projected to graduate in November 2016. These students had successfully completed at least seven (7) of nine (9) quarters of the nursing program at ITT Technical Institute and would now have the opportunity, borrowing that all stated requirements be met, to graduate as early as May 2017.

A second teach-out plan, presented by Jefferson College to the Missouri State Board of Nursing (Board), on October 21st, 2016 during the Board's Education Committee meeting, indicated similar teach-out plan and identified CLEP and CPL opportunities for a second cohort of displaced ITT Technical Institute nursing

students which had a projected graduation date of May 2017. Completion of additional nursing course work at Jefferson College was indicated. This plan was approved by the full Board just a few days later by mail ballot. Once approved, this second option allows students in this cohort, borrowing all stated requirements be met, to graduate as early as December 2017. Jefferson College reports indicate that at minimum thirty-four (34) displaced ITT Technical Institute nursing students may take advantage of these innovative options to complete their nursing education at Jefferson College. It is important to note that these pathways for students to continue and complete their nursing education at Jefferson College are options that require strong dedication and lots of hard work for students to meet requirements and is by no means a promise. While there was one additional ITT Technical Institute nursing student cohort that came after this group, Jefferson College carefully assessed options and chose to offer application to their regular nursing program to these students, but to refrain from developing an actual teach-out plan. The determination that this cohort of nursing students was not far enough along in their nursing program to truly benefit from CLEP and CPL testing and would therefore be required to complete all of Jefferson College's nursing curriculum prompted this decision.

It is astonishing how quickly Jefferson College administrators, faculty and staff came together, collaborated with their Board of Trustees and innovatively developed individualized pathways to incorporate the College's robust system to apply Credit for Prior Learning, developed a unique model for proficiency testing, designed teach-out plans for two (2) cohorts of displaced ITT Technical Institute nursing students, and secured the Board's approval for one-time enrollments and teach-out plans for both cohorts. Exceptional regulatory responsiveness by the Missouri State Board of Nursing to come together on such short notice to review and approve these innovative options is to be recognized as well. All this work was completed in time to implement teach-out plans which provide viable options for these nursing students to complete stated requirements and to potentially achieve their academic goals with projected delay of their original graduation dates of no more than one (1) semester.

With all this said, Jefferson College is highly recognized for their innovative, timely approach to help address this difficult situation, for such passion to support student success and for willingness to assume the potential risks associated with any such endeavor. Since approval of the two teach-out plans by the Missouri State Board of Nursing (Board), the Jefferson College Model as well as Jefferson College collaboration with the Board and regulatory responsiveness of this Board has gained national attention. The U.S Department of Education as well as the National Council of State Boards of Nursing (NCSBN) has deemed the Jefferson College Model as a best practice in nursing education. During a national webinar conducted under the leadership of Dr. Nancy Spector, Director of Innovations in Nursing Education for the NCSBN on November 7th, 2016, in conjunction with representatives from the U.S. Department of Education, Jefferson College and the Missouri State Board of Nursing were recognized for their progressive stance. The Jefferson College Model was recognized as one the most innovative, speedily developed and robust options to assist displaced ITT Technical Institute nursing students. Education staff from multiple boards of nursing across the United States and its territories attended the webinar. Presenters made sure that attendees across the country realized that while these options provide highly viable, solid opportunities for students, they also require lots of hard work and dedication by students, faculty and staff and that success fully depends on meeting of very specific outcome criteria. Innovative opportunities are an invitation and a gift, academic progress, hard work and dedication is essential for attaining the goal. It is not an automatic promise for success.

It is to be noted that the Jefferson College Model has gained the attention of administrators and faculty on a more local level as well. Jefferson College is noted for stepping up and providing options for students that are not only cost-effective, but also show the high level of dedication and commitment of Jefferson College – Nursing to go the extra mile and to follow through with these challenging opportunities! Thank you to Jefferson College for taking the lead in this and to show how exploration of newly traveled academic pathways in collaboration with a Board of Nursing that exemplifies such high level of dedication to public protection and regulatory responsiveness can create win-win situations for students.

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Scope of Nursing Practice Decision-Making Framework

Karen Ballard, MA, RN, FAAN; Deb Haagenson, BSN, RN; Linda Christiansen, EdD, JD, MSN, RN; Gloria Damgaard, MS, RN, FRC; Judith A. Halstead, PhD, RN, FAAN, ANEF; Ruby R. Jason, MSN, RN, NEA-BC; Jane Clare Joyner, MSN, RN, JD; Ann M. O'Sullivan, MSN, RN, CNE, NE-BC, ANEF; Josephine Silvestre, MSN, RN; Maureen Cahill, MSN, RN, APN-CNS; Beth Radtke, MS; and Maryann Alexander, PhD, RN, FAAN

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In early 2015, the Tri-Council for Nursing, consisting of the American Association of Colleges of Nursing (AACN), the American Nurses Association (ANA), the American Organization of Nurse Executives (AONE), and the National League for Nursing (NLN), in collaboration with the National Council of State Boards of Nursing (NCSBN) determined that a uniform tool (scope of practice decision-tree) was needed. Representatives from the ANA, NLN, and Boards of Nursing, along with NCSBN staff, that would assist nurses and their employers in determining the responsibilities a nurse can safely perform. Upon examination of these existing algorithms and identification of essential elements, a uniform scope of practice decision-making framework was developed.

Upon graduating from nursing programs, new nurses have a relatively proficient understanding of the interventions, skills, and responsibilities they are able to perform under the purview of their state Nurse Practice Act (NPA). However, at some juncture, a nurse may encounter a situation in which he or she is asked to perform a skill or assume a responsibility that he or she is uncertain about undertaking. This may be because the skill is one that is not traditionally a nursing responsibility, or he or she feels does not feel qualified to perform it safely. How do nurses decide if a responsibility is within their scope of practice?

As nursing knowledge and practice increases, questions about scope of practice emerge and present a quandary for nurses who want to expand their knowledge and skills yet still remain within the boundaries of regulation. To assist nurses and employers with this decision-making process, four major nursing organizations collaborated and developed a scope of practice decision-tree that was developed by an expert panel and vetted by the board of directors of the American Association of Colleges of Nursing (AACN), the American Nurses Association (ANA), the American Organization of Nurse Executives (AONE), and the National League for Nursing (NLN), in

collaboration with the National Council of State Boards of Nursing (NCSBN)

The tool could be adopted by state boards of nursing (BONs), used by facilities, and would help nurses determine whether specific activities, interventions or roles are permitted under a nurse's level of education, licensure, and competence, and meet the standards established by the NPA and rules/regulations of each state/jurisdiction.

Members of the expert panel combined their knowledge, reviewed the literature, and methodically examined existing decision-making algorithms utilized by BONs. The algorithms across states/jurisdictions addressed many similar questions; however, some states included specific nuances, such as directing the user to utilize the Cumulative Index of Nursing and Allied Health Literature (CINAHL) to explore current accepted practice if no specific practice decision existed. Some of the algorithms were complex, while a few were straightforward. One algorithm suggested that the chief nurse of an organization may decide what is within the scope of practice of a licensed nurse based on the use of the algorithm.

Upon completion of their review, the panel determined that it was crucial for the scope of nursing practice decision-making framework to be applicable to all activities, interventions, and roles of all licensed nurses without being overly restrictive. Additionally, the panel believed that the framework should be applicable to all types of nurse practice settings. The panel determined the key questions to include in the decision-making framework, as well as specified the targeted population, the context for use, and key definitions. Using this information, a draft decision-making framework was developed and forwarded to the panel for review and comment. The framework (See Figure 1) was reviewed and approved by the Tri-Council in February 2016 and by the NCSBN Board of Directors in July 2016.

Purpose

Recognizing that nursing practice is continually evolving, this document serves to provide a standardized, decision-making framework for all licensed nurses in all settings with respect to their education, role, function, and accountability within the scope of nursing practice.

It will assist nurses, including direct care nurses, in navigating current nursing practice with all of its challenges. As practice transforms, licensed nurses need to communicate any ongoing issues/concerns to their BONs so that regulators can evaluate whether changes to the NPA, rules/regulations, or standards need to be considered.

Targeted Population

The population for which this framework was devised includes all licensed nurses (LPN/VN, RN, and APRN) at all experience levels (novice to expert) in all practice settings and in all roles such as:

- Direct care nurses
- Nurse administrators
- Nurse educators
- Nurse researchers
- Nurse regulators
- Nurse policymakers

Context for Use

To promote safety of patients, nurses would use this framework to:

- Determine individual accountability for practice decisions
- Communicate with other health care professionals regarding the scope of nursing practice and the nurse's accountability
- Inform health care and other employing organizations about the scope of nursing practice and nursing accountability
- Educate nursing students about their accountability for practice decisions
- Guide professional nursing organizations, and credentialing and regulatory agencies in the formulation of scope and standards of practice, policy, and position statements.

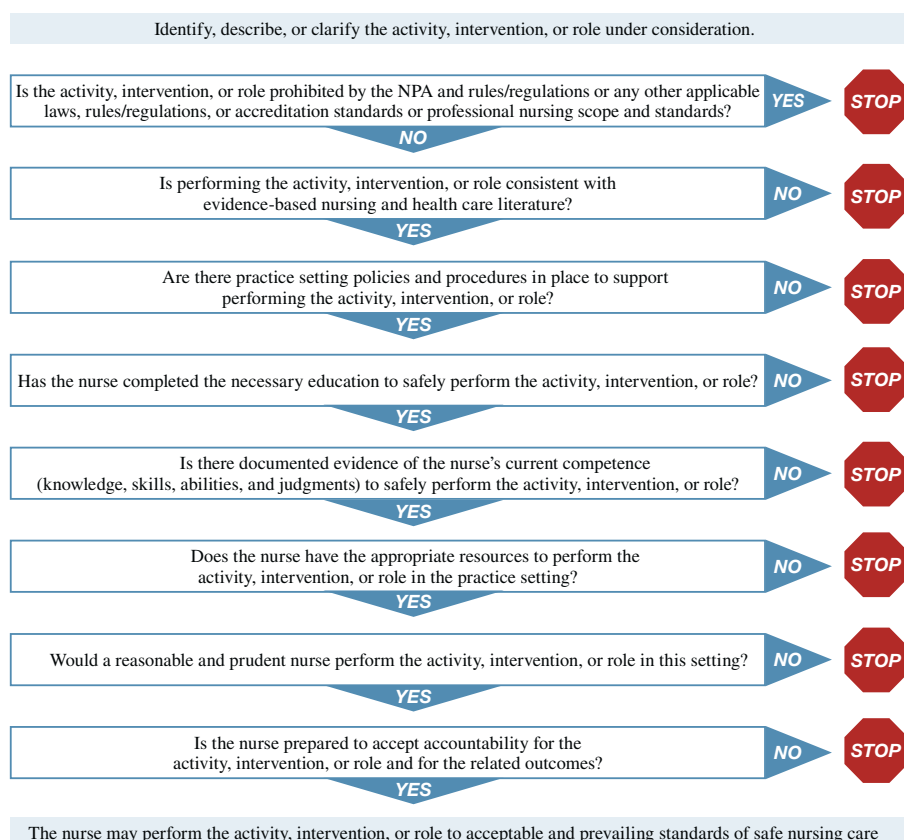
Key Definitions

The panel determined that the following key definitions are an important part of the decision-making framework:

Accountability: The panel is using the ANA's definition of accountability, which states that accountability means "to be answerable to oneself and others for one's own choices, decisions and actions as measured against a standard such as that established by the *Code of Ethics for Nurses with Interpretive Statements*." (American Nurses Association [ANA], 2015)

Furthermore, the ANA sets forth that "to be accountable, nurses follow a code of ethical conduct that includes moral principles such as fidelity, loyalty, veracity, beneficence, and respect for the dignity, worth, and self-determination of patients, as well as adhering to the scope and standards of nursing practice. Nurses in all roles are accountable for decisions made and actions taken in the course of nursing practice. Systems and technologies that

Scope of Nursing Practice continued on page 7



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Nursing Board Executive Director Recognized During NCSBN Annual Meeting and Delegate Assembly Awards Ceremony



Shirley Brekken, president of the National Council of State Boards of Nursing presents Lori Scheidt the award for 15 years of service as the Executive Director of the Missouri State Board of Nursing.



NCSBN Chair Sandra Evans presents Lori Scheidt an award for serving four years as the Vice-Chair of the Nurse Licensure Compact Administrators (NLCA). The NLCA meeting is held the day prior to the NCSBN annual meeting.



Lori Scheidt receives the Meritorious Service Award for her commitment to the nursing profession.

Missouri State Board of Nursing Executive Director Lori Scheidt received the Meritorious Service Award and a 15 Years of Service Award during the National Council of State Boards of Nursing (NCSBN) Annual Meeting and Delegate Assembly Aug. 18 in Chicago.

The Meritorious Service Award is presented to individuals who contribute significantly to the mission and vision of NCSBN.

NCSBN is a non-profit organization that was created to lessen the burdens of state governments and bring together

boards of nursing to act and counsel together on matters of common interest. NCSBN's membership is comprised of the boards of nursing in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 27 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories. The boards of nursing together regulate more than 4.5 million licensed nurses.

Board of Nursing Attends the National Student Nurses Association

The Board of Nursing exhibited at the National Student Nurses Association in Kansas City on November 11-12. More than 1,000 student nurses attended. The Board was able to answer questions about the application process, the nurse licensure compact and duties of the board of nursing.



From left: Nursing Executive Assistant Elizabeth Willard, Executive Director Lori Scheidt and Director of Licensure Angie Morice answer questions about the Board of Nursing.



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Scope of Nursing Practice continued from page 5

assist in clinical practice are adjunct to, not replacements for, the nurse's knowledge and skill.

Therefore, nurses are accountable for their practice even in instances of system or technology failure" (ANA, 2015a).

Appropriate resources: Appropriate resources means that nurses have the human and material support to perform the activity, intervention, or role safely, including any necessary emergency management.

Education: By education, the panel is referring to basic nursing education, advanced nursing education, or professional development to support in the activity, intervention, or role.

Professional nursing standards: According to the National Federation of Licensed Practice Nurses, "professional nursing standards" refers to a set of standards for the practice of safe and effective nursing care such as *Nursing: Scope and Standards of Practice, Third Edition* (ANA, 2015) and *Nursing Practice Standards for the Licensed Practice/Vocational Nurse* (National Federation of Licensed Practical Nurses, 2003).

Reasonable and prudent nurse: The panel defines a "reasonable and prudent nurse" as a nurse who uses good judgment in providing nursing care according to accepted standards and that another nurse with similar education and experience in similar circumstances would provide.

Conclusion

When the need arises to determine the scope of nursing practice, this decision-making framework should provide guidance to all levels of nurses in all roles and settings. As nursing practice continues to evolve, licensed nurses should refer ongoing practice concerns or questions to their BON so regulators can determine whether revisions to the NPA or rules/regulations should be considered.

References

American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*. Accessed from: http://nursingworld.org/DocumentVault/Ethics_1/Code-of-Ethics-for-Nurses.html.

American Nurses Association. (2015). *Nursing: Scope and Standards of Practice, Third Edition*. Silver Spring, Maryland: Nursebooks.org.

The advisory panel was represented by the following individuals: Karen Ballard, MA, RN, FAAN – ANA; Deb Haagenson, BSN, RN – NCSBN; Linda Christiansen, EdD, JD, MSN, RN – NLN; Gloria Damgaard, MS, RN, FRE – NCSBN; Judith A. Halstead, PhD, RN, FAAN, ANEF – NLN; Ruby R. Jason, MSN, RN, NEA-BC – NCSBN; Jane Clare Joyner, MSN, RN, JD – ANA; Ann M. O'Sullivan, MSN, RN, CNE, NE-BC, ANEF – ANA; Josephine Silvestre, MSN, RN – NCSBN; Maureen Cahill, MSN, RN, APN-CNS – NCSBN; Beth Radtke, MS – NCSBN; Maryann Alexander, PhD, RN, FAAN – NCSBN

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Midwest States Provide Guide for Service Members Transferring Into Civilian Healthcare Workplace

Director of Education Bibi Schultz serves on the Multi-State Collaborative on Military Credit (MCMC) Committee as a representative for the Missouri Board of Nursing. Recently, MCMC released an online resource designed for service members and veterans in the healthcare field to assist them with their transition into the civilian workforce. The MCMC is a 13 state initiative of the Midwestern Higher Education Compact (MHEC).

"With growing healthcare industry needs, the states recognize the need to provide a useful tool for military personnel in their pursuit of higher education," said MHEC President Larry Isaak.

MHEC worked closely with the Council for Adult and Experiential Learning to produce the online guide which provides guidance for military personnel in applying and enrolling in college, obtaining college credit for military learning and funding for their education.

Other current MCMC projects relating to Missouri include working with nursing programs to create an accelerated path to nursing licensure and working with the Missouri Community College Association in creating a list of various fields of study available for military service members.



Bibi Schultz

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Scheidt Becomes New Member on NCSBN Board of Directors

National Council of State Boards of Nursing (NCSBN) elected Board of Nursing Executive Director Lori Scheidt as director-at-large.

"I am honored to represent the membership on the NCSBN Board of Directors," said Scheidt. "I believe in the mission and vision and will work hard to ensure our regulatory road remains evidence-based, mission and membership-driven."

International and national nursing boards are a part of NCSBN and each board gets two votes when deciding on the next director-at-large. She ran against six others who, like Scheidt, had to go through an in-depth assessment before NCSBN put them on the ballot. Scheidt applied in April and was elected in August during NCSBN's Annual Meeting in Chicago.

She has served on numerous NCSBN committees including chair of the Fraud Detection Committee and Member Board Agreement Review Committee. Scheidt has served as Vice-Chair of the Nurse Licensure Compact Administrators Executive Committee for four years.



Lori Scheidt

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In my work, I get to do some really, really cool stuff – things that are often reserved for those with credentials way more valuable than mine. I get the inside scoop that many folks in the public never get to witness. One such thing happened back before Thanksgiving in Roanoke, Virginia.

I had the honor to share the trauma symposium platform with April Koehler, RN. April is the director of the emergency department at University of Colorado Medical Center in Aurora. She was on duty that night in July, 2012 when a shooter gunned down dozens of people in an Aurora movie theater.

Hospitals, especially trauma centers, are continually training for mass casualty scenarios, but as we often hear – humans aren't ever really ready for such a thing. Still, healthcare professionals did what they do – jumped in. Pros who just got off 12-hour shifts, changed scrubs and drove back to the hospital. Nurses who were on vacation hopped the next flights back to Denver. Everyone stepped up and no one said, "That's not my job."

Now, as you can expect, April is a nurse through and through. She was ready any time something needed to be done. However, as she said, "That horrible night, I did not



Marcus Engel

patient care. I didn't start a single IV, I didn't hang a single bag of blood, I did not hold one hand."

Say what?! In the middle of chaos and tragedy, a nurse didn't jump in to perform even the most basic of nurse duties? *Precisely.*

April said, "I knew if started to provide care, I would be consumed with care. I could not get distracted from my job which was to be sure everyone else was doing their job. We had plenty of nurses who came in, we had plenty of help. I knew my job – my only job – had to be to keep all the moving parts working. I was the only one in a position to do so."

That makes sense, right? Each person has to perform his or her function in a crisis. While it pained April as a nurse not to do direct patient care, she knew that sticking to her role WAS the best way to help.

Holding back compassion and care when someone else is hurting isn't really in a nurse's DNA. But, April knew her role and stayed in her position. It wasn't unfeeling, it was abiding by protocol to be sure the entire trauma team worked as flawlessly as possible together.

I've heard military and law enforcement all say that, during a time of extreme stress or in the heat of battle, the only thing you do is rely on your training. April exemplified this by remembering her role in the response: managing those doing the work on the front line.

One of the things we non-nurses love about those of you who ARE healthcare heroes is, of course, your human compassion and readiness to help. I want to publicly thank all those nurses who, in a crisis, understand the role they need to fill. When we work together, we see impeccable crisis response. Thank you for always being willing to step up and offer the compassionate care required whatever the day brings. Meeting the current need is, after all, the truest form of compassion.

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March of Dimes 5th Annual Nurse of the Year Awards



Twenty-one Missouri and Metro East, Illinois nurses, representing 13 health care institutions, were named **Nurse of the Year** at the 5th Annual March of Dimes Nurse of the Year Awards Gala on November 19, 2016 at the Marriott St. Louis Grand Hotel.

Chaired by Cathy Koeln, Director of Patient Care Services at Barnes-Jewish Hospital, the event raised over \$212,000 for the March of Dimes, with 700 guests in attendance.

The March of Dimes received more than 600 nominations this year. A selection committee, comprised of health care professionals, reviewed and scored the confidential nomination forms, naming 200 finalists before announcing the winners live the night of the event.

Nurses were recognized for their extraordinary level of patient care, compassion, professionalism, integrity and leadership among 20 disciplines in the nursing profession. Dr. Anne Perry received the prestigious 2016 Legend in Nursing Award for her decades of service to the profession.

Whether serving as a health care provider, educator, researcher, chapter volunteer and/or advisor – nurses play a critical role in advancing the mission of March of Dimes. According to Alyssa Wolf, March of Dimes Senior Development Manager and event organizer, “The Nurse of the Year Awards provide a platform to recognize extraordinary caregivers and celebrate nurses who inspire and go above and beyond to impact change. Finalists and winners represent this elite group of professionals, through their tireless dedication, compassion, commitment and kindness. There are not enough opportunities to honor nurses and we are proud to be leading the way.”

The mission of the March of Dimes is to improve the health of all babies by preventing birth defects, premature birth and infant mortality. The Nurse of the Year initiative supports this mission while recognizing exceptional nurses throughout the state, celebrating the profession, and creating awareness of the strides made in this growing field.

The 2016 Nurse of the Year Awards was presented by The Catherine McAuley School of Nursing at Maryville University. Nominations for the 2017 awards will open in April 2017. For more information call (314) 513-9990.



2016 Nurse of the Year Award Recipients



Legend in Nursing
Dr. Anne Perry

Advanced Practice
Robert P. Walsh

Sainte Genevieve County Memorial Hospital

Behavioral Health
Carole Hunt

AA Inspirations, McKinley Center (SIHF)
& AIM Mental Health

Case Management
Joy Krieger

Asthma and Allergy Foundation of America,
St. Louis Chapter

Charge Nurse and Frontline Supervisor

Elizabeth Boyle

Mercy Hospital – St. Louis

Clinical Informatics
Veronica Schlett

Mercy Hospital – Jefferson

Community Skilled Nursing

Carol Siem

University of Missouri Health Care

Critical Care
Donna Prentice

Barnes-Jewish Hospital

Education
Kay Gaehle

Southern Illinois University – Edwardsville

Emergency Care
Timothy Harper

St. Luke's Hospital

General Medical/Adult Care
Gale Roxanna Lupien

Saint Louis University Hospital

Infection Control & Quality/Risk Management

Deborah Robinson

Saint Louis Children's Hospital

Licensed Practical Nurse
Angela Crutchfield

University of Missouri – Health Care

NICU/PICU

Jaclyn Archer

Saint Louis Children's Hospital

Nursing Administration
Lisa Meadows

Saint Louis Children's Hospital

Pediatric
Jennifer Crane

Saint Louis Children's Hospital

Research
Patricia Potter

Barnes-Jewish Hospital

Rising Star
Joshua Fender

Barnes-Jewish Hospital

Student Nurse
Andrea Heinemann

Rockhurst University

Surgical Services
Cheryl Jones

SSM St. Joseph Hospital – Lake St. Louis

Women's Health & Obstetrics

Janice Morlock

Mercy Hospital – St. Louis

Disciplinary Actions**

Pursuant to Section 335.066.2 RSMo, the Board "may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license" for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

The Board of Nursing is requesting contact from the following individuals:

Jamey Biggs – RN 2003024481

Rosalind Cameron – PN 2007015007

Jennifer Donley – RN 136035

Leona Hernandez – PN 2015018034

Beth Hunciker – RN 2015009423

Charline Walsh – PN 038970

Lisa Hammond – RN 2013025426

Candice Sears – PN 2010005438

If anyone has knowledge of their whereabouts, please contact Kristi at 573-751-0082 or send an email to nursing@pr.mo.gov

CENSURE

Bertucci, Joseph Anthony, III
Martinez, GA

Registered Nurse 2014033405

On June 3, 2016, Respondent agreed, in a Public Consent Order from the Georgia Board of Nursing, that his nursing license in the State of Georgia was subject to discipline. The Order became effective on July 6, 2016.
Censure 10/11/2016

Thompson, Brittany Rane
Ozark, MO

Licensed Practical Nurse 2012036449

On August 19, 2015, questions were raised about Licensee's handling of medications at the facility. Licensee was questioned by facility administrators on August 20, 2015, and at that time Licensee resigned from her employment. The resignation was reported to the Board. The Board investigated the information it received and discovered that Licensee's nursing license lapsed on May 31, 2014 and remained lapsed. Licensee worked as a nurse without a valid nursing license from August 20, 2014 through August 20, 2015. Licensee failed to timely pay her license renewal fee in 2014.
Censure 09/21/2016

Hanak, Julie A
Saint Louis, MO

Registered Nurse 148256

Licensee practiced nursing in Missouri without a license from May 1, 2015, to October 6, 2016. Licensee failed to notify the Board of her change of name and change of address when both had changed in May 2013 until October 7, 2016.
Censure 11/30/2016

Mills, Janet K
Park Hills, MO

Licensed Practical Nurse 045348

Licensee practiced nursing in Missouri without a license from June 1, 2014, to May 13, 2016.
Censure 09/14/2016

CENSURE continued...

Gregory, Kayla Shea
Claremore, OK

Registered Nurse 2014035317

The Missouri State Board of Nursing received information from the Oklahoma Board of Nursing via the NURSUS website that Respondent signed a Consent Order agreeing to discipline of her Oklahoma nursing license due to violations of the Oklahoma Nursing Practice Act and Rules.
Censure 10/11/2016

Lynn, Karen P
Louisiana, MO

Registered Nurse 089975

Licensee practiced nursing in Missouri without a license from May 1, 2015, to August 15, 2016.
Censure 11/24/2016

Carson, Joelle Marie
Marion, IN

Registered Nurse 2015002133

The Missouri State Board of Nursing received information from the Indiana Board of Nursing via the NURSUS website that the nursing license of Respondent was placed on probation for six (6) months by Indiana in a Proposed Settlement Agreement, which became effective on May 2, 2016.
Censure 10/13/2016

PROBATION

Sappington, Shelia Lynn
Winona, MO

Licensed Practical Nurse 2016033289

The Board takes official notice of its previous three Orders regarding Shelia Fox and notes that Applicant did not take full responsibility for her non-compliance with the probationary terms. The Board noted that: "Nurses are required to care for multiple patients on a daily basis, and are required to give proper care to each patient regardless of what is going on with their other patients and with their own personal lives. Nurses must be able to follow the physician orders they receive to properly



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PROBATION continued...

care for their patients. Inattention and distraction can lead to patient harm. Respondent's inability to comply with a routine task, especially after a previous violation [for the same issues], demonstrates an inability to follow orders as required." Applicant underwent a chemical dependency evaluation as part of the application process. Applicant was diagnosed with alcohol use disorder (severe) in sustained remission; cocaine use disorder, severe, in sustained remission; and, amphetamine use disorder in sustained remission. The evaluator noted that the diagnoses had a caveat as there were concerns about Applicant not complying with the Board's drug and alcohol testing requirements. Applicant reports that she continues with AA/NA meetings and has been sober since 2006. Applicant reports that she completed an EMT course since her license was revoked. Applicant further reports that she now accepts responsibility for her non-compliance with the drug and alcohol monitoring requirements and believes that having attention deficit disorder may have contributed to her non-compliance. She reports that she has worked with her treating physician to address this and has measures in place to help her focus.

Probation 09/13/2016 to 09/13/2019

Corbin, Regina Kay
Kennett, MO

Licensed Practical Nurse 2006034649

On October 25, 2015 at 1:00 a.m., Licensee removed a Hydrocodone for patient GS and did not document the administration or waste of the medication. On October 25, 2015, Licensee removed a Hydrocodone for patient BP and did not document the administration or waste of the medication. On October 26, 2015, Licensee removed a Hydrocodone for patient BP and did not document the administration or waste of the medication. On October 25, 2015 Licensee removed an Oxycodone at 5:40 a.m. and again at 9:30 p.m., both for patient ST, and did not document the administration or waste of these medications. When questioned, the three patients stated that the Licensee did not administer their pain medications to them on the October 25-26, 2015 overnight shift.

Probation 10/27/2016 to 10/27/2018

Syring, Kristi Dawn
Crane, MO

Licensed Practical Nurse 2007021112

Licensee reported to her shift at 5:45 p.m. on February 10, 2016. Licensee was observed exhibiting erratic behavior while receiving report from the off-going nurse. Licensee's co-workers observed Licensee with glassy eyes, laughing, crying and speaking loudly, hugging and kissing patients, flushed face, and very exaggerated mannerisms. Licensee admitted to drinking prior to reporting to her shift on

PROBATION continued...

February 10, 2015. Licensee's blood alcohol content was .288 on the first test and .296 on the second test.

Probation 09/06/2016 to 09/06/2021

Kuehl, Barbara Jean
Carl Junction, MO

Registered Nurse 2016033079

Applicant received treatment from September 9, 2014 and was discharged on January 5, 2015. Applicant admitted that she had abused drugs, specifically, marijuana and methamphetamines from approximately October 2012 through September 17, 2014. Applicant tested positive for cannabinoids (marijuana) and amphetamines in an employer administered drug test where applicant was working as a nurse technician on August 31, 2014 and September 9, 2014, and tested positive for cannabinoids on October 14, 2014. Applicant stated the date she last used drugs or alcohol was September 17, 2014, although she tested positive for cannabinoids on October 14, 2014.

Probation 09/12/2016 to 09/12/2021

Cagle, Holly
Springfield, MO

Registered Nurse 148475

On April 8, 2015, resident B.H. was admitted to the nursing home with an order for IV antibiotics; because of resident B.H.'s illness, IV antibiotics were her main course of treatment. On April 9, 2015, Respondent charted that she administered the IV antibiotics to resident B.H. as ordered; however, Respondent failed to administer the medication. When resident B.H. requested pain medication, Respondent did not administer the pain medication.

Probation 10/11/2016 to 10/11/2019

Fuller, Melissa Jane
Platte City, MO

Licensed Practical Nurse 2007025895

On or about January 2, 2015, Respondent received a written warning and performance improvement agreement due to incomplete or incorrect documentation of narcotics. The written warning was because on the overnight shift for December 25, 2014 through December 26, 2014, Respondent documented that resident MH denied complaints of pain or discomfort, but Respondent signed out narcotics for the resident MH three times during the night shift, and Respondent failed to document the administration of the narcotics on resident MH's MAR. Respondent was also counseled for failing to follow physician orders for a Foley catheter change for a patient, and failed to perform and document an ordered skin assessment for a patient. On January 20, 2015, Respondent signed out hydrocodone pain medication for patient JP at 2240, 2200 and 0300 when the order was for administration every six hours. Respondent withdrew and administered

PROBATION continued...

medications outside of physician orders. On January 20, 2015, Respondent signed out oxycodone pain medication for patient ES at 0100, 0500 and 0300 when the order was for administration every six hours. Respondent withdrew and administered medication outside of physician orders. Because of Respondent's above actions, Respondent was placed on the Missouri Department of Health and Senior Services Employee Disqualification List for a period of two (2) years, effective July 11, 2015.

Probation 10/11/2016 to 10/11/2019

Ness, Kami L.
Lees Summit, MO

Registered Nurse 2001017809

The Missouri State Board of Nursing received information from the Florida State Board of Nursing that the nursing license of Respondent was voluntarily relinquished in Florida in a Final Order dated June 23, 2016, after an Administrative Complaint was filed against Respondent.

Probation 10/11/2016 to 10/11/2017

Riels, Kelly L.
Columbia, MO

Registered Nurse 2014019205

On or about October 31, 2014, the hospital pharmacy generated a narcotic usage report that showed an abnormally high usage rate of Hydrocodone by Licensee. Licensee's documentation showed there were times when administration was supposedly done before removal of the drug and there were several other instances in which her documentation did not match the physician's order for the drug. Licensee therefore received corrective action by the hospital for failing to meet documentation standards. Licensee's documentation reviewed by the hospital further showed that between September 2, 2014 and October 31, 2014, licensee, after pulling Hydrocodone from a Pyxis for various patients during that period, had failed to document the administration, waste, or return of nine tablets of Hydrocodone for those patients. Licensee agreed to an action plan with the hospital related to documentation issues that also included mandatory Employee Assistance Program ("EAP") counseling. Licensee failed to meet the requirements of the action plan by missing EAP appointments and continuing to commit documentation errors. On or about December 14, 2014, Licensee submitted to a drug screen that was required of her due to licensee's failure to adhere to the action plan. The drug screen was positive for Codeine.

Probation 09/09/2016 to 09/09/2021

PROBATION continued on page 12



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Justine Giwa, BSN, RN, CPN
Charge Nurse, Adolescent Medicine

PROBATION continued from page 11

Earl, Suzanne Marie
Cross Timbers, MO
Registered Nurse 074879
COUNT I

On September 16, 2014, Licensee submitted a sample for a pre-employment drug test. The test result was confirmed positive for amphetamine. Licensee did not have a prescription for, or a lawful reason to possess, amphetamine.

COUNT II

On or about February 9, 2016, Licensee mixed Levemir and Novolog insulins in the same syringe and administered the mixed insulins to a patient. Levemir and Novolog insulins should not be mixed pursuant to manufacturing guidelines. Licensee was specifically instructed by the charge nurse that the two insulins should not be mixed shortly before Licensee mixed the two insulins into one syringe and administered the combined insulins in the syringe to the patient.

Probation 11/30/2016 to 11/30/2020

Russo, Michael David
Saint Louis, MO
Registered Nurse 2013042980

In accordance with the terms of the Agreement, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), to schedule random witnessed screening for alcohol and other drugs of abuse within five (5) weeks of the effective date of the Agreement, which was June 11, 2016. Respondent never completed the contract process with NTS. Pursuant to the terms of the Agreement, Respondent was required to submit a chemical dependency evaluation to the Board within eight (8) weeks of the effective date of the Agreement. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of July 2, 2016.

Probation 10/11/2016 to 10/11/2021

Pearson, Angela Nicole
Belleville, IL
Registered Nurse 2014000826

During a routine narcotic count between October 15, 2015 and October 18, 2015 by hospital management, it was discovered that four (4) vials of Fentanyl 100 mcg/2 ml were missing. The hospital pharmacy officials were also able to determine there were discrepancies with Fentanyl which Licensee had withdrawn. Licensee did not document the administration, waste, or return of 1250 mcg of Fentanyl which she had withdrawn. Co-workers reported to hospital administrators that Licensee would waste narcotics without another nurse witnessing the actual waste of the medication. Licensee was asked to submit a sample for a for-cause drug screen. Licensee agreed to submit the sample for the for-cause drug screen on October 20, 2015. The drug screen returned positive for Fentanyl. Licensee admitted to the Board's investigator that the for-cause drug screen was positive for

PROBATION continued...

Fentanyl because she diverted Fentanyl from the hospital. Licensee admitted to the Board's investigator that she had diverted four (4) vials of Fentanyl for her own personal use. Licensee also admitted to the Board's investigator that she tampered with two (2) Fentanyl CADDs, and she also diverted the amounts of Fentanyl that she had been documenting as waste.

Probation 10/26/2016 to 10/26/2021

Alford, Melissa Ann
Sedalia, MO
Licensed Practical Nurse 2002024912

On April 29, 2014, nurses FB and LH discovered a sealed G-tube feeding syringe in patient WO's room and a sealed G-tube flush kit in patient VM's room during the evening shift. Upon further investigation it was discovered that patient WO had not received his morning medications that day as the medications were still in the medication cards. However, the medications were charted as given in the medication administration record. It was also discovered that a G-tube flush was charted for patient VM when the patient had not received one during the day shift. On April 30, 2014, nurse FB discovered that patient WO had not received his morning medications that day as the medications were still in the medication cards. However, the medications were charted as given in the medication administration record. Licensee was the nurse who charted the administration of the morning medications to patient WO on April 29, 2014 and April 30, 2014, and also the G-tube flush for patient VM on April 29, 2014. Licensee admitted to the facility Director of Nursing that she had signed out the tube medications and bolus feedings for patient WO, but had forgotten to administer them. Licensee also admitted that she forgot to perform the G-tube flush for patient VM on April 29, 2014.

Probation 09/23/2016 to 09/23/2017

Gayden, Carman R
Saint Louis, MO
Licensed Practical Nurse 2006025686

On October 22, 2014, Licensee pled guilty to the class C felony of Theft/Stealing by deceit (Value Of Property Or Services Is \$500 Or More But Less Than \$25,000). Licensee admitted to receiving unemployment benefits while she was employed.

Probation 10/19/2016 to 10/19/2017

Ehrhardt, Heather Ann
Moberly, MO
Registered Nurse 2003015968

On or about September 17, 2015, Licensee called a pharmacy and requested a prescription for Xanax for her son be filled. Licensee called in the prescription to the pharmacy using a different nurse's name. Because Licensee was calling in the prescription from the same phone number as that listed for the patient, pharmacy staff contacted the prescribing physician to confirm the prescription. The prescribing physician, Dr. W, stated that he did not prescribe the Xanax medication for Licensee's

PROBATION continued...

son. When confronted about the prescription that had been called in for her son, Licensee admitted to hospital administrators that she had called in the prescription herself without talking to the prescribing physician or the nurse she claimed to be when she called in the prescription. A pharmacy audit showed that from 2012 until September 17, 2015, eleven prescriptions were called into the pharmacy using that nurse's name for Licensee and her son. When questioned, Dr. W stated that he had never prescribed Xanax medication to the Licensee's son, and had never prescribed medication to the Licensee to be filled at the pharmacy. The nurse's name that had been used to call in the prescriptions stated she had never called in a prescription for Licensee or her son to the pharmacy. Licensee admitted to the Board investigator that she called in the prescription for Xanax on September 17, 2015 without authorization from Dr. W. Licensee called in the prescription for her son using her previous coworker's name when she was not authorized to do so. Licensee was terminated from the hospital on September 25, 2015.

Probation 10/26/2016 to 10/26/2021

Costanza, Gina Marie
Columbia, MO
Registered Nurse 2013020813

On July 31, 2014, the hospital pharmacy ran a proactive diversion audit report on medications for June 18, 2014, through July 18, 2014. Pharmacy notified Respondent's supervisor of a large quantity of discrepancies associated with Respondent involving Fentanyl, morphine, and hydromorphone (brand name Dilaudid) where those medications were withdrawn by Respondent but the full amounts withdrawn were not documented as wasted or administered. Respondent was asked to empty her pockets and she placed on the table an unopened blunt needle, two unopened syringes, a vial of Nitro tabs, two full opened vials of diphenhydramine, one unopened full vial of Lorazepam, and three opened and empty vials of Fentanyl. Pharmacy noted that the opened diphenhydramine vials were overfilled, which was inconsistent with the normal levels. Following the meeting, Respondent was escorted from the building by Police, arrested, and charged with theft/stealing of a controlled substance. On or about October 22, 2014, Respondent pled guilty to the class A misdemeanor of theft/stealing.

Probation 10/12/2016 to 10/12/2021

Fountain, Shelli Coons
Rogersville, MO
Registered Nurse 2014038016

The Missouri State Board of Nursing received information from the Texas Board of Nursing via the NURSUS website that the nursing license of Respondent was sanctioned with a Warning with Stipulations in an Opinion and Order of the Board dated April 21, 2016.

Probation 10/13/2016 to 10/13/2019

PROBATION continued on page 14

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PROBATION continued from page 12**Lanemann, Shirley A**

Florissant, MO

Registered Nurse 124021

On February 9, 2015, Licensee received a written warning for not following proper medication administration practices by failing to scan medications and patients, by documenting she administered medication twice to a patient, and by administering medications to patients in a manner other than what was ordered by the doctor. Licensee was placed on a plan of correction at that time. During routine audits at the hospital, continued medication errors by Licensee were discovered. On December 23, 2015, a patient had orders to receive a Decitabine infusion over the course of an hour. Licensee administered the infusion to the patient, and the infusion lasted for a little more than half an hour. On December 25, 2015, a patient had orders to receive 200 mg of Aranesp. Licensee received the medication from the pharmacy and scanned the medication prior to administration. Licensee received an error warning when she scanned the medication; however, Licensee overrode the error warning and administered an incorrect dosage of Aranesp to the patient. The patient had to receive two (2) additional shots to receive the proper amount of Aranesp which had been ordered. On January 18, 2016, a patient arrived to have her chemo disconnected. The patient had orders in her chart for a change to the amount of Coumadin she was taking. Licensee was the nurse taking care of the patient and failed to review her patient's orders and inform the patient that the Coumadin dosage had changed. Licensee's failure to review her patient's orders resulted in the patient receiving an incorrect dosage of Coumadin for several days. On February 12, 2016, a patient was seen to have his labs checked. During his visit, it was discovered that on December 16, 2015 Licensee incorrectly entered the dosage information for the patient's Marinol prescription. This resulted in the patient receiving a dosage that was four (4) times higher than what the doctor had ordered for several weeks. On February 24, 2016, Licensee hung Caroplatin chemotherapy medication for a patient. Licensee failed to connect the medication line to the patient, resulting in a spill of the chemotherapy medication. Probation 11/22/2016 to 11/22/2018

PROBATION continued...**Small Evans, Brandi Louise**

Branson, MO

Licensed Practical Nurse 2003022076

Licensee reported that she had pled guilty to possession of a controlled substance and admitted to a pattern of personal use or consumption of methamphetamines for five (5) years. Licensee stated her sobriety date is October 1, 2014. Licensee reports that she has now completed one (1) year in a recovery program and submitted supporting documentation.

Probation 11/23/2016 to 11/23/2021

Durbin, Nicole Dawn

O Fallon, MO

Registered Nurse 2006022409

In October 2011, Licensee suffered a head injury. When Licensee returned to work, coworkers noticed a change in her nursing practice. From November 2012 through April 2013, Licensee failed to follow hospital policy by not scanning medications prior to administering the medications to the patients and was spending an inordinate amount of time having to correct documentation at the end of her shift. Licensee admitted that while placed on Adderall her abilities to function and practice as a nurse were impaired. Licensee was terminated on May 6, 2013 for repeated instances of improper documentation and discrepancies found in her administration of narcotics.

Probation 09/21/2016 to 09/21/2019

Harig, Deana Lea

Mexico, MO

Licensed Practical Nurse 2014038585

Licensee submitted a drug screen on August 27, 2015. Licensee tested positive for morphine. Licensee did not have a prescription for, or a lawful reason to possess, morphine.

Probation 09/06/2016 to 09/06/2021

Henderson, Lisa M

Springfield, MO

Licensed Practical Nurse 2004018180

On January 12, 2011 management completed a "for cause" testing checklist on Respondent. Behavioral indicators on the checklist marked were "erratic performance on ordinary tasks, tense, and unduly nervous." Also completed a reasonable cause drug screen on Respondent on January 12, 2011. The test was positive for amphetamine, methamphetamine, and marijuana. On November 17, 2010, Respondent pled guilty to the class B misdemeanor of driving while intoxicated. After a disciplinary hearing before the Board on September 4, 2013, wherein she testified that she was using drugs daily in the period from September 2010 through January 2011 and then again from February 2012 through March 20, 2013 and that she worked as a nurse while impaired more than once, the Board issued its Finding of Facts, Conclusions of Law, and Disciplinary Order revoking the nursing license of Licensee on September 20, 2013. As part of the application process, Licensee was required to complete

PROBATION continued...

a chemical dependency packet and undergo a chemical dependency evaluation. Licensee was diagnosed with Bi-Polar disorder, Methamphetamine Use Disorder, and Alcohol Use Disorder. Licensee has a lengthy history of methamphetamine and alcohol abuse, with periods of sobriety but then periods of relapse; however, she states her sobriety date is March 21, 2013, and she continues aftercare with the On-Track program.

Probation 10/17/2016 to 10/17/2021

REVOKED**Mulholland, Kristen A**

Shawnee Mission, KS

Registered Nurse 129333

Respondent failed to call in to NTS on two (2) days. On May 20, 2016, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG) and Ethyl Sulfate (EtS), metabolites of alcohol.

Revoked 10/04/2016

Davis, Tony

Saint Louis, MO

Registered Nurse 2010034110

Respondent's privilege to practice nursing in Texas was revoked due to an order issued by the Texas State Board of Nursing on March 8, 2016.

Revoked 10/04/2016

Reeves, Celena Olivia

Mountain View, MO

Licensed Practical Nurse 2011037509

Respondent never completed the contract process with NTS. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf. Respondent was advised by certified mail to attend a meeting with the Board's representative on April 26, 2016. Respondent did not attend the meeting or contact the Board to reschedule the meeting.

Revoked 10/04/2016

Welker, Ellen L

O Fallon, MO

Registered Nurse 148692

On December 20, 2013, nurse C.S. discovered a narcotic count sheet for patient W. C. folded within one of Respondent's personal note sheets. The count sheet indicated that there were four (4) Endocet 7.5-325 mg tablets still available for patient W.C. as of December 19, 2013. At about the same time as the narcotic count sheet being found, the narcotic card containing the Endocet for patient W.C. was found in the trash. The four (4) tablets were no longer in the card. The nursing home Director of Nursing (DON) reviewed patient W.C.'s medical file and discovered that Respondent withdrew Endocet for patient W.C. on December 20, 2013 from a new card of medication. Four (4) tablets of Endocet for patient W.C.

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REVOKED continued...

went missing during Respondent's shift. The nursing home DON then reviewed additional medical records of Respondent's patients and discovered additional medication errors and missing narcotics. Additionally, on December 20, 2013, the nursing home DON copied all of the current narcotic count sheets for the nursing home patients to be able to compare them to with what would be found on the count sheets on December 23, 2013, after Respondent had worked her weekend shifts. On December 23, 2013, it was discovered that a narcotic count sheet for patient W.Q. indicating the availability of nineteen (19) tablets of hydrocodone/acetaminophen 5-325 mg was missing. The narcotic card containing the tablets was also discovered to be missing. The last nurse to give patient W. Q. medication from that card was Respondent. On December 20, 2013, Respondent documented that she withdrew two (2) tablets of Norco 5-325 mg at 07:00 a.m. and 12:00 p.m. for a total of four (4) tablets for patient M.G. Patient M.G. had orders for two (2) tablets of Norco 5-325 mg every four (4) hours as needed for pain. Respondent only documented the administration of two (2) tablets and failed to document the administration or waste of the remaining two (2) tablets. On December 21, 2013, Respondent documented that she withdrew two (2) tablets of Norco 5-325 mg at 07:00 a.m. and 12:00 p.m. for a total of four (4) tablets for patient M.G. Patient M.G. had orders for two (2) tablets of Norco 5-325 mg every four (4) hours as needed for pain. Respondent only documented the administration of two (2) tablets and failed to document the administration or waste of the remaining two (2) tablets. Respondent was the

REVOKED continued...

last person in control of medications which went missing, and failed to document what happened to medications containing hydrocodone and oxycodone, both controlled substances, when those cards of medication were in her custody and control.
Revoked 10/04/2016

Colley-Anglin, Tracie Lynn
Springfield, MO

Registered Nurse 2013029055

Respondent was advised by certified mail to attend a meeting with the Board's representative on March 15, 2016. The Board received a phone call from Respondent on March 14, 2016, stating that she could not attend the meeting due to being in an in-patient treatment program at the time. The meeting was rescheduled for April 12, 2016. The Board received a phone call from Respondent on April 11, 2016, stating she again wanted to reschedule the meeting. Respondent was informed the meeting could not be rescheduled again due to Respondent already failing to meet certain deadlines. Respondent agreed to attend the meeting on April 12, 2016; however, Respondent did not attend the meeting. As of May 2, 2016, Respondent had not contacted with NTS.
Revoked 10/04/2016

Craddock, Amy J

Fulton, MO

Registered Nurse 094783

COUNT I

On May 3, 2013, Respondent filled the prescription for Adderall for patient D.T. at the Wal-Mart pharmacy in Fulton, MO (Wal-Mart) and personally paid to fill the prescription. The organization does not fill prescriptions at Wal-Mart, and it maintains a credit card for paying for patients' prescriptions. On May 30, 2013, Respondent called in a refill request to doctor's office for the prescription for Adderall for patient D.T. On May 31, 2013, Respondent

REVOKED continued...

filled that prescription at Wal-Mart and personally paid to fill the prescription. In May 2013, patient D.T. refused to take Adderall. Respondent did not document the waste or administration of the medication or otherwise account for the Adderall she purchased for patient D.T. The Adderall Respondent filled and picked up at Wal-Mart was not added to patient D.T.'s medication stock and was never found by the organization. On May 14, 2013, Patient S.G. was discharged from the facility. On June 7, 2013, Respondent called doctor's office stating patient S.G. was being discharged and required a prescription for Adderall to go home with him. On June 7, 2013, Dr. wrote a prescription for Adderall for patient S.G. On June 8, 2013, Respondent attempted to fill and pick up that prescription at Wal-Mart, but the pharmacy technician raised questions about the prescription. The technician contacted the facility and was told Respondent should not be filling a prescription for a patient at Wal-Mart or paying for it herself.

COUNT II

On April 17, 2015, Respondent pled guilty to the unclassified misdemeanor of Making False Statement Regarding Unemployment Benefits.
Revoked 10/04/2016


Jameson, Sarah LaVerne

Hillsboro, MO

Registered Nurse 2009031404

Respondent failed to call in to NTS on sixteen (16) days. Four (4) of those missed calls occurred in April 2016. Further, on January 4, 2016, and March 16, 2016, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on March 25, 2016, Respondent reported to lab and submitted the required

REVOKED continued on page 16

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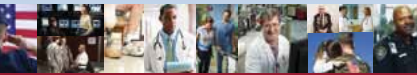


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REVOKED continued from page 15

sample which showed a low creatinine reading. On January 5, 2016, Respondent reported to a collection site to provide a sample and the sample tested positive for opiates, specifically morphine. Respondent denied to Dr. Greg Elam that she had consumed morphine; however, Respondent stated that she had been eating bagels that contained poppy seeds. The drug test was verified as negative; however, she consumed a product containing poppy seeds in violation of her probationary terms. Revoked 10/11/2016

Herman, Nathan Jeremy

Overland Park, KS

Registered Nurse 2008016368

The Missouri State Board of Nursing received information from the Kansas State Board of Nursing via the NURSUS website that Respondent's Kansas nursing license was suspended due to a final disciplinary action being taken by the Kansas State Board of Nursing in an Order dated January 12, 2016. Revoked 10/04/2016

Adams, Christal G

Cape Girardeau, MO

Registered Nurse 083723

Respondent admitted to calling in the following unauthorized prescriptions: On December 18, 2014, Respondent called in a prescription for Cyclobenzaprine Hcl 10 mg for her son. On January 16, 2015, Respondent called in a prescription for Tylenol #3 for her son. Tylenol #3 contains codeine. Dr. Y did not prescribe any medication for Respondent's son. Respondent called in prescriptions for her son using Dr. Y's name when she was not authorized to do so. Revoked 10/11/2016

Recer, Benjamin James

Saint Louis, MO

Licensed Practical Nurse 2012026258

From February 8, 2014, until the filing of the Complaint on August 2, 2016, Respondent failed to call in to NTS on twenty-seven days. In addition, on March 24, 2014, and June 26, 2014, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. Respondent's creatinine reading was 13.0 for the March 24, 2014, sample. The creatinine reading for the test on June 26, 2014, was 15.3. A creatinine reading below 2.0 is suspicious for a diluted sample. On June 14, 2016, Respondent reported to a collection site to provide a blood sample and the sample tested positive for Phosphatidyl Ethanol (PEth), a metabolite of alcohol. Respondent admitted to Dr. Greg Elam that he had been drinking O'Doul's, and claimed he did not know it was off-limits despite being referred to in the informational sheet given to him by Ms. Wolken as a product to be avoided. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of June 30, 2015. The Board did not receive an updated chemical dependency evaluation submitted on Respondent's behalf by the quarterly due date of July 28, 2014. The Board did

REVOKED continued...

not receive proof of continued support group attendance by the quarterly due dates of June 30, 2015; September 30, 2015; December 30, 2015; and March 30, 2016. Revoked 10/11/2016

Hunt, Elisa M

Carl Junction, MO

Registered Nurse 155032

On September 12, 2014, coworkers observed Respondent falling asleep in front of patients in the dining area. Respondent's coworkers observed that Respondent could not effectively function as a nurse, and Respondent was sent home. Respondent stated that she would close her eyes and have to jerk herself awake. Respondent was unable to properly care for her patients on September 12, 2014 due to her exhaustion. Revoked 09/23/2016

Olmstead, Holly Ranae

Smithton, IL

Registered Nurse 2002025786

Respondent was employed in a nursing capacity as a house supervisor at a hospital. During the 2014 holiday season, the Hospital ordered gift cards for employees. The gift cards were given to supervisors and managers for distribution. The gift cards were kept in a lock box in supervisors' offices. Only supervisors and managers had access to the gift cards before they were distributed. Respondent, as a house supervisor, had access to the gift cards. In November 2014, two employees who had received gift cards returned them to the Director of Nursing, and told him they had tried to use the cards, but they had a zero balance. Three other employees reported the same thing to one of the Human Resources Managers. From surveillance footage, management identified Respondent as the person who had used the gift cards. Respondent failed to pay the renewal fee for her nursing license by April 30, 2015. Revoked 09/23/2016

Bishop, Cheryl L

Belton, MO

Licensed Practical Nurse 038805

On March 12, 2015, at approximately 11:50 p.m., Respondent found resident CR unresponsive. Respondent failed to initiate CPR on resident CR, who was a full code. Respondent failed to contact resident CR's physician before she contacted resident CR's family and the funeral home, pronounced resident CR deceased, and called the time of death. Respondent failed to contact nurse MH and nurse LR, who were both on duty during the same shift as Respondent. Respondent also failed to contact any of the nursing home's administrative staff for assistance. Respondent falsely documented that she contacted the physician at the time the incident occurred. Respondent was placed on the Employee Disqualification List by the Missouri Department of Health and Senior Services. Revoked 09/23/2016

REVOKED continued...**Collins, Gloria**

Versailles, MO

Licensed Practical Nurse 2000163736

The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates of November 21, 2013; February 22, 2016; or May 23, 2016. Respondent was sentenced to seven (7) years in the Department of Corrections on February 11, 2016, for violating certain conditions of her probation in her criminal case concerning association, reporting/directives and special conditions. Revoked 10/11/2016

Link, Sherry B

Sikeston, MO

Licensed Practical Nurse 026936

In accordance with the terms of the Order, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), to schedule random witnessed screening for alcohol and other drugs of abuse within five (5) weeks of the effective date of the Order, which was May 11, 2016. Respondent did not complete the contract process with NTS. Pursuant to the terms of Respondent's probation, Respondent was required to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment on a quarterly basis. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of July 6, 2016. In accordance with the terms of the Order, Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent was advised by UPS Ground service to attend a meeting with the Board's representative on April 19, 2016. Respondent did not attend the meeting or contact the Board to reschedule the meeting. Revoked 09/23/2016

Middleton, Paula Aisha

Grandview, MO

Licensed Practical Nurse 2009022651

Respondent failed to complete the contract process with NTS. In accordance with the terms of the Order, Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent was advised by certified mail to attend a meeting with the Board's representative on April 26, 2016. Respondent did not attend the meeting or contact the Board to reschedule the meeting. Pursuant to the terms of Respondent's probation, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment on a quarterly basis. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of July 12, 2016. In accordance with the terms of the Order, Respondent was required to obtain continuing education hours covering the following categories: Righting a Wrong - Ethics and Professionalism in Nursing; Professional Accountability and Legal Liability for Nurses; Missouri Nursing Practice Act; Disciplinary Actions: What Every Nurse Should Know, and have the certificate of completion for all hours submitted to the Board by July 11, 2016. As of the date of the Complaint filing, the Board had not received proof of any completed hours. Revoked 10/11/2016

Chapman, Carolyn Blair

Fenton, MO

Registered Nurse 2000147912

On April 23, 2015, Respondent was assigned to care for resident TM. At approximately 1000, the nursing home



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REVOKED continued...

Director of Nursing ("DON") entered resident TM's room. Resident TM was congested and needed to be suctioned. The DON provided the appropriate care and obtained resident TM's vital signs. Respondent admitted to nursing home administrators that she did not obtain resident TM's vital signs during her shift on April 23, 2015. Respondent failed to perform any assessments of resident TM during this shift. Respondent failed to administer any medications to resident TM during this shift. Respondent did not notify the physician of resident TM's change in condition during this shift. When questioned why she failed to provide proper care or documentation for resident TM, Respondent stated that resident TM kept falling down, and Respondent could not get any work done. Respondent failed to document resident TM's falls and failed to contact the physician regarding resident TM's falls.
Revoked 09/23/2016

Kirchner, Lori A

Russellville, MO

Registered Nurse 112403

On July 5, 2011, Respondent attempted to start a peripheral IV on a patient and instead started an arterial line, which she maintained by using pressure tubing and securing the line. Respondent did not have a physician order to start or maintain an arterial line. An arterial line requires specific skill and technique and is a catheter that is cannulated into an artery for continuous blood pressure monitoring on a patient. Arterial lines are generally outside the scope of practice for registered nurses, and the hospital had a policy that did not allow registered nurses to place arterial catheters. Nurses are only allowed to place peripheral IVs at the hospital. Respondent knew that arterial lines are outside the scope of practice for registered nurses. On September 4, 2011, Respondent cared for a patient who had an intraventricular catheter. An intraventricular catheter assists in monitoring intracranial pressure. Respondent believed that there was a knot in the catheter that was providing false readings for intracranial pressure, so she cut the knot and removed the suture for the catheter without notifying or consulting a physician. There was no physician order for Respondent's actions. On October 25, 2012, Respondent cared for a patient who had a physician order for n.p.o., "nothing by mouth." The patient requested water. Respondent performed a nursing swallow screen two times and the patient failed the screen. Despite the physician order for nothing by mouth and despite the patient's failure of the swallow screen, Respondent gave the patient water. Respondent knew that she did not have an order to give the patient water. Doctors are available at the hospital at all hours.
Revoked 10/11/2016 to

Kjos, Jennifer Lee

Bonne Terre, MO

Licensed Practical Nurse 2007003670

Respondent failed to call in to NTS on twenty-nine (29) days. Further, on thirteen (13) separate occasions since July 31, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample on August 17, 2015; September 1, 2015; September 9, 2015; October 8, 2015; October 20, 2015; November 3, 2015; November 20, 2015; December 9, 2015; December 22, 2015; January 4, 2016; January 19, 2016; February 16, 2016; and March 2, 2016. In addition, on two (2) occasions, Respondent failed to call NTS; however, both were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on September 25, 2015, and March 17, 2016. Pursuant to the terms of Respondent's probation, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of March 22, 2016. Pursuant to the terms of Order #2, Respondent was required to submit a chemical dependency evaluation to the Board within eight (8) weeks of the effective date of Order #2. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the due date of December 28, 2015.
Revoked 09/23/2016

Koontz, Phillip Neil

Republic, MO

Registered Nurse 2014008234

Respondent failed to call in to NTS on fifty-nine (59) days. Respondent ceased calling NTS on June 8, 2016. In addition, on June 10, 2016, June 30, 2016, July 20, 2016, and July 29, 2016, Respondent failed to call NTS; however,

REVOKED continued...

those were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on all of those dates. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of June 17, 2016. The Board did not receive proof of continued support group attendance by the quarterly due date of June 17, 2016.
Revoked 10/11/2016

Williams-Jones, LaTasha Nicole

Kansas City, MO

Licensed Practical Nurse 2014042221

Respondent failed to call in to NTS on twenty-four (24) days. Respondent failed to report to a collection site to provide a sample for testing on February 3, 2016, May 2, 2016 and July 21, 2016. In addition, on one (1) occasion, May 26, 2016, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of June 6, 2016.
Revoked 10/11/2016

Clark, Ronni Kay

Osceola, MO

Licensed Practical Nurse 2012008937

On July 19, 2014, nursing home officials discovered that a narcotic count conducted by the Respondent had not been done correctly, and that one 20 mg tablet of Oxycodone was missing. As a consequence thereof, nursing home officials asked her to submit to a for-cause drug screen. On July 23, 2014 Respondent submitted a sample for a for-cause drug screen. The nursing home received information from the lab that the sample Respondent submitted July 30, 2014 returned positive for Oxycodone and Oxymorphone.
Revoked 10/04/2016

Pratt, Jo Ellen

Lake Ozark, MO

Licensed Practical Nurse 2014001572

On or about January 29, 2015, Respondent approached resident SV, who has dementia and a traumatic brain injury. Resident SV was acting aggressively toward nursing home staff members while in the shower room. Resident SV called Respondent a name, which Respondent confronted Resident SV about. When resident SV failed to calm down, Respondent slapped resident SV across the face. DHSS placed Respondent on the Employee Disqualification List ("EDL") for a period of two (2) years.
Revoked 10/04/2016

Shoemaker, Tiffany Rose

Smithville, MO

Registered Nurse 2010021505

Hospital officials ran a report in November 2014 that covered the previous 90 days to investigate narcotic discrepancies that were occurring. Respondent, who was

REVOKED continued...

working during that period, was identified as potentially diverting narcotics on the report. The report showed that Respondent would repeatedly go to a pocket in the Accudose, open it, and then cancel the transaction; however, Respondent would take the medication out of the pocket and then the medication's whereabouts would be unknown. Specifically, Respondent was the last person to access the Tramadol pocket on September 5, 2014, resulting in the loss of four (4) tablets; she was the last person to access the Tramadol pocket on October 24, 2014, resulting in the loss of four (4) tablets; and she was the last person to access the Tramadol pocket on October 25, 2014, resulting in the loss of four (4) tablets. Specifically, Respondent was the last person to access the Oxycodone pocket on November 8, 2014, resulting in the loss of two (2) tablets; she was the last person to access the Oxycodone pocket on November 21, 2014, resulting in the loss of four (4) tablets; she was the last person to access the Oxycodone pocket on November 27, 2014, resulting in the loss of six (6) tablets; and she was the last person to access the Oxycodone pocket on November 29, 2014, resulting in the loss of five (5) tablets. When asked for more information regarding the discrepancies, Respondent failed to speak with hospital officials during the investigation. Respondent did not comply with the hospital narcotic discrepancy investigation. Respondent did not comply with the Board's investigation of this matter.
Revoked 10/04/2016

Davis, Christopher Alan

Wabash, IN

Registered Nurse 2011021952

On February 23, 2016, the Indiana State Board of Nursing issued a Decision on Application for Renewal of License finding that Respondent's Indiana nursing license was subject to discipline.
Revoked 10/04/2016

Litton, Jennifer Dawn

Humansville, MO

Licensed Practical Nurse 2008027761

On or about April 4, 2015, Respondent arrived at her patient's home around 3:00 pm to begin her shift. A short time later, the rest of the patient's family left the home, leaving Respondent alone with the patient. The family members returned to the home around 8:00 pm. The patient's mother looked into the room to get an update on the patient and discovered Respondent unconscious in the patient's room. The patient's mother called 911 as she was unable to wake Respondent. When paramedics arrived to assist Respondent, a half-empty bottle of vodka was found next to the chair where Respondent was sitting. Respondent was taken by ambulance to the hospital, where her blood alcohol level was found to be 0.244. Respondent admitted to binge drinking for several days prior to April 4, 2015. On July 2,

REVOKED continued on page 18


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REVOKED continued from page 17

2015, Respondent received a chemical refusal revocation against her Missouri driver's license for an offense which occurred on June 17, 2015. On March 9, 2016, Respondent pled guilty to the class B misdemeanor of driving while intoxicated in that on or about June 17, 2015, Respondent operated a motor vehicle while under the influence of alcohol. On November 24, 2015, Respondent pled guilty to the class B misdemeanor of driving while intoxicated in that on or about April 18, 2015, Respondent operated a motor vehicle while under the influence of alcohol. On June 16, 2015, Respondent was working as the charge nurse on duty at the nursing home when a co-worker stated Respondent was found in the medication preparation room with a tourniquet on her hand and blood on her shirt. The Director of Nursing (DON) at the nursing home asked Respondent to submit to a for-cause drug screen on June 16, 2015. Prior to the drug screen, Respondent admitted to the DON that she had consumed her boyfriend's hydrocodone. Respondent's urine drug screen tested positive for opiates and oxycodone. Respondent never attempted to contact the Board's investigator. Respondent never submitted a response to the investigation, nor cooperated with the Board's investigation. Revoked 10/04/2016

SUSPENSION

Fontenot, Teanna Lashae

St. Robert, MO

Licensed Practical Nurse 2014029133

COUNT I

At all times relevant in Count I, Licensee was employed at a nursing home. On or about August 2, 2015, Licensee's co-worker observed Licensee pull a bottle of Ativan belonging to a resident out of Licensee's purse. Licensee was observed to be unable to stand up, she was sliding down the wall, she was slurring her words, and she seemed to be falling asleep. Licensee submitted to a for-cause drug screen, which was positive for Barbiturates and Opiates. Nursing home administrators called 911 to have Licensee transported to the hospital, as Licensee was becoming increasingly lethargic. Licensee admitted to the Board's investigator that she had ingested Morphine and Ativan while working at the nursing home on August 2, 2015.

COUNT II

At all times relevant in Count II, Licensee was employed as a Charge Nurse in the Long Term Care Unit of a nursing home. On or about October 7, 2015, Licensee's co-worker observed Licensee becoming increasingly lethargic and subsequently, unresponsive. The co-worker called 911 after Licensee became unresponsive; Licensee was transported to the hospital. After her discharge

SUSPENSION continued...

from the hospital, Licensee admitted to nursing home administrators that she had taken a resident's methadone. Licensee admitted to the Board's investigator that she had taken a resident's methadone while on duty. Licensee also admitted to nursing home administrators that she had been "self-medicating" with cough medicine. Suspension 10/08/2016 to 10/08/2017

VOLUNTARY SURRENDER

Reeves, Jennifer Lynn

Belton, MO

Registered Nurse 2010027386

Licensee voluntarily surrendered her Missouri nursing license effective October 17, 2016.
Voluntary Surrender 10/17/2016

Hassan, Erika Beatriz

Bothell, WA

Registered Nurse 2015007740

Pyxix discrepancies and a chart audit revealed that Licensee regularly failed to appropriately document the waste of narcotics. On July 30, 2015, Licensee was asked to submit to a for-cause drug screen. The drug screen returned positive for hydromorphone, meperidine, and morphine. Licensee did not have a prescription for, or a lawful reason to possess, meperidine. Licensee did have a prescription for hydromorphone and morphine. Licensee was terminated from the hospital on July 30, 2015.
Voluntary Surrender 09/16/2016

Threlkeld, Ruth

Clark, MO

Registered Nurse 093051

At all times relevant herein, Licensee was unemployed; however, she previously was employed at a clinic from April 18, 2011 until December 2014. She had a collaborative practice arrangement with a physician at the clinic to practice as a family nurse practitioner. On or about August 22, 2015, Licensee dropped off a prescription for Phentermine dated August 19, 2015, at Pharmacy using an old prescription pad from the clinic that contained her name on the prescription pad. That particular prescription pad was no longer being used by the clinic. She signed her name as being the authorized prescriber and listed the name of S.M. as the patient receiving the prescription. Licensee did not have a valid reason to possess the old prescription pad and was not authorized to write prescriptions using the prescription pad in August 2015. Licensee did not have a lawful prescription for Phentermine. When asked what the Licensee's name was by the pharmacy, she falsely responded with the name of the patient on the prescription. Licensee left the pharmacy prior to the prescription being filled upon being

VOLUNTARY SURRENDER continued...

questioned by the pharmacist. Licensee admitted to the Board investigator that she had falsified the prescription. Licensee did not have prescriptive authority on August 19, 2015 or on August 22, 2015.
Voluntary Surrender 09/12/2016

Lombard, Alice Roberta

Clinton, MO

Registered Nurse 2007019307

On October 29, 2013, while on duty as an RN, Licensee told others at her employment that she felt sick and questioned how to sign medications out to herself. Licensee was specifically informed that the only medications allowed for staff to take from the facility were Tylenol and ibuprofen. On October 29, 2013, while on duty as an RN, Licensee removed four (4) Adderall 10 mg. tablets from the narcotics box in the medication room and diverted these medications from her employer. On October 25, 2013, while on duty as an RN, Licensee removed a Concerta 18 mg. tablet from the narcotics box in the medication room and placed it in her pocket.
Voluntary Surrender 09/12/2016

Menard, JoAnn

Auxvasse, MO

Licensed Practical Nurse 2003027180

Licensee voluntarily surrendered her Missouri nursing license effective October 5, 2016.
Voluntary Surrender 10/05/2016

Randazzo, Trisha Kaye

Liberty, MO

Registered Nurse 2013001117

Licensee voluntarily surrendered her Missouri nursing license effective November 21, 2016.
Voluntary Surrender 11/21/2016

Sanchez, Joyce Marie

House Springs, MO

Registered Nurse 091006

Licensee voluntarily surrendered her Missouri nursing license effective 9/23/16.
Voluntary Surrender 09/23/2016

Kirsch, Andrea M

Hazelwood, MO

Registered Nurse 072574

Licensee voluntarily surrendered her Missouri nursing license effective November 17, 2016.
Voluntary Surrender 11/17/2016

Schadler, Christie Marie

Saint Charles, MO

Registered Nurse 2015039520

Licensee voluntarily surrendered her Missouri nursing license effective November 17, 2016.
Voluntary Surrender 11/17/2016

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VOLUNTARY SURRENDER continued...**Adams, Jonathan Wyatt**

Shawnee, KS

Registered Nurse 2010018156

On or about March 4, 2015, Licensee's co-workers observed Licensee acting erratically with slurred speech. Licensee's co-workers smelled alcohol on Licensee's breath. These co-workers reported Licensee's behavior to hospital administrators. Licensee was asked to submit to a for-cause drug and alcohol screen. On or about March 16, 2015, Licensee's drug and alcohol screen came back positive for alcohol.

Voluntary Surrender 11/15/2016

Stone, Kristina LeAnn

Hornersville, MO

Licensed Practical Nurse 2012027581

The State of Missouri and the State of Arkansas are both members of the Nurse Licensure Compact. Licensee was working in the State of Arkansas at a hospital, utilizing her privilege to practice off her Missouri nursing license. The Missouri State Board of Nursing received information from the Arkansas Board of Nursing via the NURSUS website that the nursing license of Licensee was ordered to cease and desist practicing nursing in the state of Arkansas in a Cease and Desist Order dated April 11, 2016. A Cease and Desist Order against a privilege to practice license is a disciplinary action. In the Cease and Desist Order, the Arkansas Board found that Licensee had violated Arkansas' Nurse Practice Act by engaging in unprofessional conduct. In the Order, the Arkansas Board made the following Findings of Fact:

- Licensee made alterations in the Controlled Substance Log related to drug counts.
- Licensee failed to administer medications in a responsible manner.
 - Licensee was issued a disciplinary warning on 11/24/2015 for six medication errors.
 - Licensee was issued a disciplinary warning on 12/21/2015 for two medication errors.
- There are multiple unaccounted for narcotics.
- Licensee has failed to respond to a Certified letter issued by the investigator.

Voluntary Surrender 09/12/2016

Riley, Douglas Michael

Kansas City, MO

Registered Nurse 2011030735

The Missouri State Board of Nursing received information from the Kansas State Board of Nursing via the NURSUS website that Respondent's Kansas nursing license was suspended due to an Emergency Proceedings Final Order dated September 27, 2016.

Voluntary Surrender 11/09/2016

Dillard, Sarah E

Springfield, MO

Registered Nurse 120117

Licensee voluntarily surrendered her Missouri nursing license effective November 9, 2016.

Voluntary Surrender 11/09/2016

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☐ RN ☐ APRN ☐ LPN

Missouri License Number

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NEW INFORMATION

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STATE

ZIP

MAILING ADDRESS (ONLY REQUIRED IF YOUR MAILING ADDRESS IS DIFFERENT THAN PRIMARY RESIDENCE)

STREET OR PO BOX

CITY

STATE

ZIP

☐ I declare _____ as my primary state of residence effective _____.
(primary state of residence) (effective date)

☐ I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a Missouri single-state license regardless of my primary state of residence.
Information on the Nurse Licensure Compact can be found at www.ncsbn.org/nlc.htm

In accordance with the Nurse Licensure Compact "Primary State of Residence" is defined as the state of a person's declared fixed, permanent and principal home for legal purposes; domicile. Documentation of primary state of residence that may be requested (but not limited to) includes:

- Driver's license with a home address
- Voter registration card displaying a home address
- Federal income tax return declaring the primary state of residence
- Military Form no. 2058 – state of legal residence certificate
- W-2 from US Government or any bureau, division or agency thereof indicating the declared state of residence

Proof of any of the above may be requested.

When your primary state of residence is a non-compact state, your license will be designated as a single-state license valid only in Missouri.

When your primary state of residence is a compact state other than Missouri, your Missouri license will be placed on inactive status and you can practice in Missouri based on your unrestricted multi-state license from another compact state.

I solemnly declare and affirm, that I am the person who is referred to in the foregoing declaration of primary state of residence; that the statements therein are strictly true in every respect, under the pains and penalties of perjury.

→ _____
Signature (This form must be signed)

Date

Complete, SIGN and Return to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 Or Fax to 573-751-6745 or Scan and Email to nursing@pr.mo.gov

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A smiling nurse in pink scrubs stands in the center. Surrounding her is a network of blue lines and icons representing healthcare and technology. Icons include a smartphone, a folder, a heart with a stethoscope, a bandage, a plus sign, a computer monitor with a heart rate line, a smartphone, a nurse's head, and a laptop. The nurse has a name tag that reads 'ANNA'.

missouri.wgu.edu

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